STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL059032	B. WING		06/0	8/2015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LAKE JA	MES LODGE		IEW DRIVE NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	DHSR records indic licensed on 12-16-1 provided by the faci of the facility was fir (confirmed by an ol-9-7-1988), the nort and the south wing information, we are meet the 1967 NC I for Institutional Occ and Desired Standa Homes for the Age applicable portions Care Homes of Sevnewer wing to meet requirements for Institutional Desired Standa Homes for the Age applicable portions Care Homes of Sevnewer wing to meet requirements for Institutional Desired Homes for the Applicable portions Care Homes of Sev Special Magnetic loback hall sometime	cate this facility was first 1996. However, records lity indicate the middle section rest occupied in 1968 d property tax document dated h wing was occupied in 1971 in 1981. Based on this requiring the older wings to Building Code requirements upancy, the 1971 Minimum ands and Regulations for d and Infirm, and the of the current Rules for Adult ven or More Beds and the estitutional occupancy, the 1977 red Standards and Regulations and Regulations ged and Infirm and the of the current Rules for Adult ven or More Beds. Incking was installed on the after 1996 so that portion of omply with Section 1012.6 of				
C 101	Existing Licensed F	ac- No less than '71 Rules	C 101			
	care home shall be (2) Except where of licensed facilities or facilities shall meet	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing reportions of existing licensed				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			OATE SURVEY OMPLETED	
HAL059032		B. WING		06/08/2015			
NAME OF BROVER				PTATE ZID CODE	06/0	0/2015	
NAME OF PROVID	ER OR SUPPLIER		IEW DRIVE	STATE, ZIP CODE			
LAKE JAMES I	LODGE	MARION,					
	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
chan renove the renove the renove than "Mini Regular copies Health Ralei This 1. Bis proper device 1012 Section released all maproper other Special instal emer Findi The experimental than the renove teste an orienstal Findi The experimental findit the experimental fin	vation, or alteral equirements for didition or renow those requirements for those requirements for those requirements for "Hies of which are the Service Regigh, North Card Rule is not meased on observerly install the ses (magnetic letter) in the 198 ion 1012.6.D. If the 198 include could prevent the sestation failed in the 198 include: the sestation failed in the 198 ion observer in	ge 1 or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of ulation, 701 Barbour Drive, olina, 27603 at no cost; et as evidenced by: vation, the facility failed to Special Locking ocks) as required by Section of NC State Building Code. equires an on/off emergency able of interrupting power to ked doors shall be located and at the nurse station or any which is manned 24 hours. vices that are not properly ent an evacuation in an ease switch located at the to unlock the doors when exact the section 1012.6.E. if the 1996 NC exprelease switch to be eat of each locked door. The same switches provided at the tary push-button type that keed the door when the button omentary switch is not an	C 101				

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STATE FORM 6899 FP4J21 If continuation sheet 2 of 6

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL059032		B. WING		06/08/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADD 63 LAKEVI			DRESS, CITY, S IEW DRIVE NC 28752	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 101	Continued From pa "on/off" type switch.		C 101			
C 160	(1) The outside grofacilities shall be macondition; This Rule is not me Based on observatifeet by 60 feet was completely covering	PHYSICAL PLANT 05 PHYSICAL Ints for outside premises are: bunds of new and existing aintained in a clean and safe	C 160			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.	C 189			

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other spaces would not work when tested. Battery powered emergency lights that will not

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
HAL059032		B. WING		06/08/2015				
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
LAKE JA	MES LODGE		IEW DRIVE NC 28752					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
C 189	endanger the reside Findings includes. a. Self contained b lights would not wor i. Dining room ii. Corridor ne iii. Corridor ne near the nurse station. Corridor ne near the nurse station. There were seve fixtures located throus once powered by a nurse station. All or been removed from battery panel must self contained batter must be provided a non-functioning emproperly removed. 2. Based on observire rated walls and/in several locations are not sealed with one-hour fire rated missing ceiling radia possibility that a fire	least 90 minutes could ents and staff. attery powered emergency is in the following locations; in, ar the main office, ar the cross-corridor doors	C 189					
	Findings include: a. Hole in ceiling by the activity closet. b. Damaged ceiling 10 inches in chemic c. Hole beside plur off room 4 on Back d. Residential fire f	y an electrical junction box in g, approximately 10 inches by cal room. nbing vent in ceiling of closet Hall. oam used to seal many holes ity. Fire foam is not approved						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: 01				
		HAL059032	B. WING		06/0	8/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LAKE JA	MES LODGE		IEW DRIVE NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	3. Based on observation, the cover was missing on a 6 foot long hydronic baseboard heater. With the cover missing, residents were exposed to sharp heating fins.					
C 191	Unvented & Portable	e Elec. Heaters Prohibited	C 191			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, there were portable electric heaters found in the main office, the office near the nurse station and the maintenance office.					
C 119	Bathrooms-Hand G	rips	C 119			
	showers, and common This Rule is not me Based on observation	ovide: or toilet rooms be installed at all tubs, nodes.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
HAL059032		B. WING		06/08/2015			
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
LAKE JA	AMES LODGE		IEW DRIVE NC 28752				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE		
C 119	Continued From pa	ige 5	C 119				
	on the Back Hall.						
C 138	Corridors-Free of C	Obstructions	C 138				
	Code Requirement Boarding Homes.) (9) Free of all obstrinstant use in case This Rule is not me Based on observati exit 3 was obstructe wheel chairs, lifts a	rovide: North Carolina State Building s for Nursing Home and ructions or impediments to full of fire or other emergency.					

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